

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 05 Issue 04

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Message from the Chief



Happy New Year! I hope you took some time to reflect on your lives and goals for the New Year and that those of you who are in environments where it was possible to have some down time and see your friends and families—that you did. I know, that for some of you, deployments made this impossible over the Holidays, but upon your return, do take the time for that reconnection!

The next few weeks will be action packed for the ANC. We are holding the annual CJ Reddy Leadership Conference in Washington D.C. for our junior leaders and have included our sister Services in that program. I am anxious to meet more of these young leaders as they develop the foundation to lead the ANC in the future. Their honest review of what we do as senior leaders is essential. They must be challenged and find the profession of Army Nursing rewarding in order to remain in the Corps and I look forward learning from them and spending that time with them.

In February, we will have the Strategic Issues and Planning Conference in San Antonio. I need your help as we prepare for this conference. Many of you have already contacted me, the ANC staff in San Antonio or Washington, and advised us of your concerns for the future. As a result, we are bringing in a diverse group of ANC officers to help insure we fully consider your various concerns and recommendations. We have received and reviewed the “Top 3” concerns of each of our nursing consultants. During the CJ Reddy Conference later this month, I know we will learn more about our junior leader concerns. For those of you who are participating, this is a working meeting and my expectations are that you will brainstorm, strategize, and recommend the priorities for our short and long-term focus. The talent and collective brainpower of nurses is unstoppable—I look forward to your recommendations!

One of our priorities is improving the recognition and valuing of ANC contributions in the AMEDD. The AMEDD cannot do its mission of care for our deployed service members without us! Your caring and compassion has been steadily described to me as I visit with our hospitalized, injured service members from the War on Terrorism. I have not talked with a single patient who has not told me of how your care is superb! I watch them as they review their transition from the battlefield to various medical treatment locations, and they “light up” when they speak about what the nurses and medics have done for them! I hope you are aware of their gratitude and their dependence upon you! You are truly caring for them in a magnificent manner.

My goal as your Chief is to make Army nursing the best possible experience you can have as a Nurse. Work with me, tell me what is needed to do that and I know together we will achieve it! Happy New Year and sustain those wonderful, positive attitudes! GSP

GALE S. POLLOCK
MG, AN
Chief, Army Nurse Corps

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to [MAJ Eric Lewis](#). The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

Kudos to **COL (retired) Linda Yoder** who was inducted as a Fellow into the American Academy of Nursing.



The American Academy of Nursing (AAN) was established in 1973 to provide visionary leadership to the nursing profession and to the public in shaping future health care policy and practice. Now comprised of approximately 1,700 nursing leaders in education, management, practice and research, the mission is to serve both the public and the nursing profession by advancing health policy and practice through knowledge generation, synthesis, and dissemination (www.aannet.org).

Induction as a Fellow into the Academy is recognition of one's accomplishments within the nursing profession, and also affords an opportunity to work with other leaders in health care in addressing the issues of the day. The selection process is very rigorous. The selection as a Fellow requires evidence of outstanding and broad contributions to nursing and health care, as well as evidence of strong potential for continuing influence on nursing practice and health policy aimed at improving the health of the American people. Each

nominee was sponsored for membership by two current AAN Fellows. COL Yoder is one of only a very few military nurses who are recognized as a FAAN. This is truly an honor for COL Yoder and the Army Nurse Corps.

Nurses Top List in Honesty and Ethics Poll ©2004 The Gallup Organization

Gallup's annual survey on the honesty and ethical standards of various professions finds nurses at the top of the list, as they have been in all but one year since they were first added to the poll in 1999. More generally, this year's honesty and ethics poll shows that Americans continue to give their highest ratings to the public service professions, like the military, teachers, and members of the medical profession. Public protectors also rate highly. The lowest rated professions tend to be those connected with sales or big business, lawyers, elected officeholders, and reporters.

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Civilian Nurse Selected for Graduate-Level Advanced Professional Development Training

Congratulations to Ms. Connie S. Fischer, Psychiatric Nurse Consultant, Landstuhl Regional Medical Center, for her selection to attend the Sustaining Base Leadership and Management (SBLM) Program scheduled to begin in January 2005. Ms. Fischer's selection marks the second time a MEDCOM civilian nurse has been selected to attend SBLM. The SBLM Program is a 12-week experience that is held at the Army Management Staff College (AMSC) at Fort Belvoir, VA. A 12-month non-resident program is also available. In addition, AMSC is conducting an SBLM-Metro pilot program that allows students to complete the SBLM curriculum primarily by commuting to classes. This course is intended for students in the DC Metro area and requires only short residence periods at the beginning and end of the program.

The SBLM Program focuses on enduring principles and concepts rather than transient or procedural activities. The curriculum stresses critical thinking, participation, and real-world case studies among student and faculty-student teams.

Nominees must be serving in grades GS-12 through GS-14 (GS-11 and GS-15 nominees may apply by exception for the resident and non-resident course). Additional information is available at: <http://www.amscl.army.mil>. Headquarters, Department of Army, centrally funds the SBLM Program. Additional educational opportunities for civilian nurses are listed in the RN ACTEDS Plan (and in 14 associated specialty addenda) and may be accessed at the AMEDD Personnel Proponent website: <http://appd.amedd.army.mil/actedts.htm> or at the Department of Army website: http://cpol.army.mil/library/train/actedts/CF_53/

Request for Submissions from William Beaumont Army Medical Center

March 7th will be the first anniversary of the death of CPT Gussie Jones, an Army Nurse Corps officer who died in Iraq of non-battle related causes. CPT Jones was a 66H8A who was PROFIS from WBAMC to the 31st CSH. On 7 March, WBAMC will dedicate our ICU to the memory of CPT Jones. We will be joined by MG Pollock, COL Bruno, the Jones family, and local friends of CPT Jones. We are looking for statements to read about what CPT Jones meant to the many nurses with whom she worked. If you knew CPT Jones and would like to write of a brief memoir, please email it to lenore.enzel@amedd.army.mil. Thank you.

News from the Office of the Army Nurse Corps

The ANC now has a footprint on AKO. We have recently established the ANC AKO homepage. It is still in the production phase but we are adding to it daily. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. In the near future we will use AKO to distribute the ANC Newsletter Corps-wide. We will also develop AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

Directions to access and create a shortcut to the ANC AKO Homepage

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, relick on the link (sometimes the subscription takes a few seconds to take place).

Preserving Our Past and Present for Our Future by MAJ(P) Charlotte Scott, ANC Historian

As we approach the 104th anniversary of the establishment of the Army Nurse Corps on 02 February 1901, we should take time to pause and reflect on the achievements and contributions made by our pioneering members. The Army Nurse Corps has a rich and proud history. It is internationally recognized as a leader in Nursing Leadership, Nursing Research, Clinical Nursing practice, and in Nursing Education.

We are proud to be recognized as the oldest of the United States Military Nursing Corps and as the first women's component of the United States Armed Forces. We paved the way for women serving in the military. Army Nurses have set many leadership milestones for women in the military. In 1947 COL Florence A. Blanchfield, 7th Chief of the Army Nurse Corps, became the first female in the Army to receive a regular Army Commission at the permanent grade of LTC. In 1970, Anna Mae Hays, 13th Chief of the Army Nurse Corps, was the first female to be promoted to the rank of Brigadier General. Later in 1979, Hazel Johnson-Brown, 16th Chief of the Army Nurse Corps, became the first African American female to be promoted to the rank of Brigadier General. In the 1980s the Army Nurse Corps expanded leadership opportunities to include command positions. And most recently, in 2004, Gale S. Pollock was the first Chief of the Army Nurse Corps to become a Major General.

Army nurses also historically led on the frontier of nursing research. Following World War II, in 1949, the first Nurse Methods Analysts established and began surveys to determine standards for nursing staffing in Army hospitals. After the Korean War, in 1957, the Army Nurse Corps established patient care oriented research programs at the Walter Reed Army Institute of Research (WRAIR). The first nursing research studies conducted at WRAIR were on decubitus ulcer skin care, oral hygiene, body temperature readings, circadian rhythm, and use of a plastic isolator for operating in a sterile environment. During the 1960s and 70s the Army Nurse Corps led the way in the utilization of Advanced Practice Nurses. In 1984, Army nurses created the Workload Management System for Nursing using patient acuity to determine staffing requirements.

Clinical expertise continues to be the priority of all Army Nurses. It was during World War I for the first time that nurses were trained and served as anesthetists. In World War II, Army Nurses assisted in the innovation of recovery wards for postoperative patients. During the Korean War Army nurses made advancements on nursing charting, were involved in the first field use of hemodialysis in response to an epidemic of hemorrhagic fever, and development of sylfamylon ointment for burn treatment. Army nurses in Vietnam made advancements in shock/trauma management from their experiences caring for combat casualties and led in trauma and combat casualty care specialization. Intensive care units and shock/trauma units resulted from this experience.

Army nurses during the 1950's are also recognized for emphasizing educational preparation and professional development. At this time, Army nurses became increasingly active in instructing enlisted medical personnel and participated in the development of nursing programs of other countries such as Korea, and elsewhere. Since 1972, a bachelor of science in nursing degree is a minimum requirement for an appointment into active duty.

If it were not for reports, journals, and oral histories from Army nurses, achievements, innovations, and contributions such as these would not be accurately or consistently recorded for history. Every unit and each Army Nurse Corps Officer has the professional responsibility to collect, document, and preserve our historical events such as these. Knowledge of the rich history of our Army Nurse Corps gives us a better understanding and appreciation of how our present establishes future directions and priorities. Critical thinking skills combined with historical awareness are vital for the success of nursing leaders. Several methods exist for preserving history and can be used by Army nurses to submit information to the Army Nurse Corps History Office. For detailed information on these methods of recording history please visit the Army Nurse Corps History website at <http://history.amedd.army.mil/ANCWebsite/anchhome.html>.

One example is recording unit histories. Preserving a unit's history is vitally important to establish an accurate and permanent record of unit contributions and activities in support of your mission, areas of operations, and lessons learned. Moreover, it can aid others in planning and conducting future operations. Unit-level methods of recording historical information include documentation of unit activities via the Daily Staff Journal or Duty Officer's Log (DA Form 1594) and corresponding documents (Journal Files) that support entries in the unit journal. Journals should be maintained for every 24-hour period. Examples of significant activities that should be documented include: receipt or transmission of orders and reports; visits of higher commanders, their staffs, and resulting actions; troop

movements; conferences; military operations or training exercises; summary of messages (with originals maintained in journal files); orders issued and received. Additional helpful information to record can include: notes on conversations, environmental conditions, METT-TC factors affecting operations; coordination activities with liaisons; unit morale and condition of troops; MWR activities; lessons learned, and after action reports.

Documentation of unit activities should begin upon receipt of mobilization/deployment orders and continue through redeployment and demobilization. Journal file examples include copies of: orders and graphics, unit status reports (also subordinate unit reports), messages, staff meeting notes, daily briefing slides, personnel reports, unit rosters, staff studies, photographs, maps, organizational flow charts, briefing charts, slides, and overlays. Classification of the files must be addressed for OPSEC purposes. The classification level of unit files are to be as high as the most highly classified component contained in the files, and must be marked as such. Please refer to AR 380-5, Department of the Army Information Security Program, as well as local directives for guidance on classification and transmission of unit journals and journal files. The official unit journal becomes the property of the United States Army. If anyone wishes to publish extracts from the journal, they must obtain permission from the Army. The original unit journal and journal files should be maintained at the unit and a copy should be forwarded to the OTSG, Office of Medical History. See the Office of Medical History website (<http://history.amedd.army.mil/>) for contact information to coordinate delivery of unit journals.

The Army Nurse Corps History office encourages nurses to maintain personal journals whether stationed state-side or deployed, active duty, or in the reserves. Personal journals are helpful as informal records of experiences and details not typically found in official unit records and provide a different perspective of unit operations. Photographs, videos, slides, and other digital images are also significant historical resources which preserve a visual record of unit members, daily activities, and environmental or situational conditions. Our memory fades sooner than we typically expect, so it is important to document details of the pictures as soon as possible (e.g. date, names, locations, description of what is happening – the who, what, where, when, and why of the photo).

Oral histories are simply “spoken histories” and are another excellent way to record history. Historians typically conduct oral histories, but they can be conducted by any individual who is interested in historical inquiry and has an understanding of interview techniques. All that is needed to conduct an oral history is: an interviewer, someone to be interviewed who has historical knowledge to contribute, and a tape or digital recorder. The interviewer should prepare by learning as much as possible about the person he or she is interviewing as well as the events that will be discussed during the interview. Obtaining a biography along with curriculum vitae (containing a chronological listing of duty assignments) can be useful to become knowledgeable of the interviewee. The location of the interview should be a secluded, quiet place away from noises and distractions. Once the interview is complete, the taped information will be transcribed into a typed document for proof-reading by the interviewee. The interviewee then makes any edits or corrections and returns the document for historical filing. For more information about oral history techniques, please visit <http://www.army.mil/cmh-pg/books/oral.htm>.

Historical information can be mailed to the following address: Office of Medical History, ATTN: DASG-MH, Army Nurse Corps Historian, 5111 Leesburg Pike, Suite 401-B, Falls Church, VA 22041-3258. Army Nurse Corps officers who are interested in contributing journals, photos, files, oral histories, or any other historical information should take pride in knowing that they are making an important contribution to the Corps.

Updates from the AMEDD Center & School and Department of Nursing Science

**Department of Nursing Science (DNS)
Chief: COL Pat Patrician**

The Department of Nursing Science, Academy of Health Sciences, AMEDDC&S has had a very busy Fall 2004, which is why you have not heard much from us in the newsletter. Currently, all courses are undergoing some degree of change as we incorporate Lessons Learned from OEF/OIF into everything we teach. We have a new mission in our IET programs (namely the 91D Program) to incorporate Warrior Ethos Skills, including weapons qualification, hand-to-hand combat skills, and convoy operations. Throughout the Academy, we are collectively working on how best to accomplish this.

We recently held our annual Hospital Educators Course with over 65 officers and NCOs in attendance. A sincere Thank You to goes to the nursing leaders throughout the MEDCOM for supporting this conference by allowing your folks to attend. Topics included areas of concern for this group, including 91W training and sustainment, PROFIS changes, and various training opportunities. The evaluations were overwhelmingly positive. Soon we will be posting all the PowerPoint slides to the (relatively) new Hospital Educators Web Page, along with other useful information. What follows are updates from the four teaching branches of the DNS.

If we can be of assistance to you – please call us at (210) 221-8231.

**Nurse Anesthesia Branch
Chief: COL Norma Garrett**

The US Army Graduate Program in Anesthesia Nursing is looking for excellent candidates who want to take that next step in their career, and become Certified Registered Nurse Anesthetists (CRNA). To learn more, contact your MTF Education and Staff Development office, an Army Recruiter, or any CRNA in your facility: they'll be happy to discuss their profession and answer your questions.

Here is what one of our current students says about our program.

"I chose to come back on active duty to challenge myself in the Army's Nurse Anesthetist program. I was confident that this program, ranked #2 in the nation, would prepare me for the rigors of making life-death decisions in the hospital and on the field. I am amazed at how much I've learned in these first six months of the didactic phase and am eager to put this knowledge to use next year in the operating room." CPT Eileen Weston Class FY04.

CRNA War Stories Submission Guidelines

If you are a CRNA who has served during any of the United States' military operations and maneuvers of the 20th or 21st centuries (World War I, World War II, Korean War, Vietnam, The Invasion of Grenada, Gulf War, Iraq War), the AANA is interested in your experiences as a matter of historical preservation and record.

The AANA will post CRNAs' stories of their experiences during military war operations in the Archives-Library section of the AANA Web site.

To submit your story:

- Provide a **maximum of 3000 words** of text in a Microsoft Word® file on disk, CD-ROM or as an attachment to an email.
- Provide any photographs you wish to accompany the text in digital form (minimum 200 dpi, less than 1.5 MB file size each) **or** provide actual photographs to be scanned. Actual photographs will be returned to you if you provide a return address. Please provide only discreet photographs that protect the identity of the patient and any of their medical information.

Please note: AANA reserves the right to edit any story for grammar or style elements, or to reject any story that is deemed unacceptable for any reason.

If you have any questions, please contact Cathy Hodson, Web Editor at chodson@ana.com, or phone her at 847-692-7050, ext. 3047.

Send all submissions to either chodson@ana.com.

**Army Nurse Corps Professional Development Branch
Chief: Kimberly Armstrong**

**Did You Hear About the Name Change?
MAJ Cheryl Brown, Nurse Liaison Officer, AMEDD C&S**

The Officer Advanced Course has a new name – the **U.S. Army Captains Career Course (ACCC)**. The course will continue to train officers to lead company or equivalent-sized organizations and serve successfully in U.S Army staff positions. The course will also prepare you for subsequent assignments by teaching the leader, tactical, and technical tasks, to include supporting knowledge and skills, necessary to support the Joint Team across the full spectrum of military medical operations.

The AMEDD Captains Career Course is a challenging, two-phased course designed to prepare company grade officers for command, staff positions, and other roles within the AMEDD. The Captains Career Course is conducted by the Leader Training Center (LTC) at the AMEDD Center & School. The course is a combination of self paced Distance Learning (Phase 1) followed by nine weeks of Small Group Instruction (Phase 2) and all materials are being updated to reflect the current operating environment (COE). Visit their frequently asked questions (FAQs) page at www.cs.amedd.army.mil/ccc/FAQ.htm for an excellent overview of the entire process.

FY '05 CCC CLASS DATES

CLASS NAME	CLASS #	REPORT DATE	GRADUATION
CCC	001	4-Jan-05	9-Mar-05
	002	20-Mar-05	20-May-05
	003	6-Jul-05	9-Sep-05
	004	19-Sep-05	23-Nov-05
CCC:Reserve Component		19-Jun-05	1-Jul-05

For additional information please visit the webpage at www.cs.amedd.army.mil/ccc or call MAJ Cheryl Brown, OBC and CCC Nurse Liaison, Department of Nursing Science, AMEDD C&S, 210-221-6295 or email: Cheryl.Brown@amedd.army.mil

Have you heard about the Joint Medical Executive Skills Institute?

In response to Congressional Legislation, the Department of Defense initiated a comprehensive program to prepare military officers to command military medical treatment facilities. The Joint Medical Executive Skills Program (JMESP) was established as the operations and maintenance activity for the program.

A critical piece of work that has been completed is the Joint Medical Executive Skills Program (JMESP) Core Curriculum. It describes the program, the 40 competencies, and outlines the behaviors one must display in order to show competency at the executive level. To close any educational gaps, free distance-learning courses are available at the Joint Medical Executive Skills Institute (<http://jmesi.army.mil>) with content that includes developing leader expertise in eight substantive areas: readiness, general management, health law and policy, health resources allocation and management, individual and organizational behavior, legal and ethical behaviors, clinical understanding, and performance measurement.

Starting in late 2005, the JMESI courses will serve as the new and improved Phase I of the Advanced Nurse Leadership Course (ANLC). More to come as we finalize the details but go and take a look at their comprehensive materials – you will be impressed!

For questions regarding the JMESI please visit their website at <http://jmesi.army.mil>

ECCO Course

The Essentials of Critical Care Orientation (ECCO) Course is now available for student enrollment. Each of your regions has a designated POC to enroll the nurses who will be taking the course. The POCs were provided training through the American Association of Critical Care Nurses (AACN). Thanks for all your support for this program. For questions, please contact LTC Kim Armstrong at (210) 22-6073, DSN 471.

Head Nurse Leadership Development Course & The Advanced Nurse Leadership Course

The Army Nurse Professional Development Branch provides two excellent, ongoing courses designed to groom Army Nurse Corps officers and Department of the Army Civilian registered nurses for increased responsibility in the AMEDD. The Head Nurse Leadership Development Course and the Advanced Nurse Leadership Course are held several times each year.

The purpose of Head Nurse Leadership Development Course (HNLDC) is to prepare ANC officers (centrally funded) and civilian registered nurses (locally funded) to function in mid-level leadership and management positions throughout the AMEDD. The HNLDC provides executive skills content with an emphasis on personal leadership development and decision making methods which facilitate efficient and effective management of personnel, logistics, training and fiscal responsibilities. For enrollment instructions and lodging information, visit our web site at <http://www.dns.amedd.army.mil/ANPD/Leader/hnldc.htm>. Please note that the location for the HNLDC has changed to the Radisson Hotel at 1111 Northeast Loop 410 in San Antonio. To enroll in the course send a DA 3838 to HRC and remember that the cutoff for enrollment in the HNLDC is 2 weeks before the course start date. The remaining course dates for FY 05 are:

23 JAN - 4 FEB 05

3 - 15 APR 05

5 - 17 JUN 05

7 - 19 AUG 05

The purpose of the Advanced Nurse Leadership Course (ANLC) is to prepare ANC officers (MAJ and above) and civilian registered nurses to function in advanced AMEDD leadership and management positions. This course provides executive skills content with a focus on major trends in health care affecting the military health care delivery system, personal leadership skills development, as well as decision-making and resource management strategies that support the mission of the Army Medical Department. Phase I is currently a three-module correspondence course. Phase II is conducted by video tele-training (VTT). A separate DA 3838 must be completed for each phase of ANLC. Please make your plans for attendance to Phase II well in advance in order to reserve a VTT site close to your MTF especially if you are located OCONUS. Limited funding is available for active duty officers serving in an OCONUS assignment to attend Phase II in residence at Fort Sam Houston. For enrollment and administrative information visit our website at <http://www.dns.amedd.army.mil/anpd/leader/anlc.htm>. The remaining dates for course dates for FY 05 are:

28 FEB - 04 MAR 05

2 - 6 MAY 05

19 - 23 SEP 05

The point of contact for both the HNLDC and the ANLC is MAJ Kelly Bramley. DSN 471-6080 or commercial (210) 221-6080. Email kelly.bramley@amedd.army.mil.

91 Delta Branch, Operating Room Specialist Course Chief: LTC Joseph Paulino

The Phase 1 portion of the 91 Delta Branch, Operating Room Specialty Course is located at the Army Medical Department, Center and School, Fort Sam Houston, TX. Annually, the program provides didactic and practical exercise training for approximately 400 Active, Reserve and National Guard component soldiers. On completion of

Phase 1 the soldier/students are distributed to 22 phase 2 sites at Medical Treatment Facilities (MTF's) across the country.

Although the majority of the instructors at Phase 1 are Senior Non-commissioned Officers (NCOs), E-6's and E-7's, the program also has assignments that are currently filled by Army Nurse Corps Officers. We take a moment to highlight one such position in particular, The Deputy Chief, 91 Delta Branch, Operating Room Specialist Course.

The Deputy Chief position is open to Army Nurses who have the 66E, Operating Room Nurse Identifier. The officer is expected to participate in the education of Initial Entry Training (IET) Soldiers/students. Individuals interested in the position must possess the skills and strong desire to train and educate Soldiers. Additionally, the officer must also have a solid foundation related to the practices and procedures for the care of the perioperative patient. This includes knowledge pertaining to the operating room, as well central materials processing and sterilization techniques.

The position and responsibilities of the Deputy Chief, 91 Delta Branch have fluctuated over time. In the past the position was geared towards being only an instructor. The officer spent most of his or her time "On the Podium" educating 91 Delta students on a wide range of operating room topics. Later, the position transitioned toward more of an information management and technology (IT) role. During this period the officer remained responsible for the education of OR technicians, while additionally assuming such duties as website coordinator, VTC scheduler, distance learning (DL) project manager and the primary POC for all Branch specific computer and software related issues.

In the fall of 2003, the Deputy Chief role shifted in a new direction towards the role of the Officer-In-Charge (OIC) of Phase 2 site activities. This change was a direct result of a need for assistance with students at sites nation wide. Currently, only three (3) Phase 2 sites have full-time instructors. Thus, it was determined that one individual should serve as the subject matter expert for Phase 2 site issues, allowing this person to act as a conduit between training among Phase 1 and Phase 2. This officer now provides assistance and guidance to the part-time instructors and preceptors, responsible for the critical hands-on training, that all 91 Delta students must acquire in order to achieve success.

The current Deputy Chief is Captain David L. Taylor III. CPT Taylor arrived at the Branch in May 2003. His prior assignment was that of a student in Long Term Education and Training (LTHET) at the University of the Incarnate Word in San Antonio, TX. CPT Taylor's Masters Degree in Nursing made him an excellent candidate for the position. Soon after his appointment to Deputy Chief, CPT Taylor quickly assumed position with both enthusiasm and energy.

CPT Taylor now spends some of his time TDY, visiting up to 11 different sites on an annual basis, assisting and providing guidance related to 91 Delta student issues. CPT Taylor always emphasizes that his visits are "staff assistance" in nature and not "program inspections". If not on the road CPT Taylor can be found working to resolve Phase 2 issues or assisting instructors related to student matters both academic and non-academic in nature.

CPT Taylor is still actively involved in teaching his classes and still remains responsible for some of the IT related issues, to include website maintenance. However, his main focus is providing solid guidance and assistance to the Phase 2 site instructors in the field.

If you have Phase 2 related questions or if you feel you might be interested in someday applying for this position contact CPT Taylor at (210) 221-1582. He is always more than willing to assist in any way possible.

Practical Nurse (91WM6) Branch
Chief: LTC Patricia Leroux

As you may know, the 91WM6 Program has undergone revisions last year. The course was changes from a 2-phase to a 3-phase course. Phase 3 includes the NCLEX Review and critical care didactic content. In addition, critical care clinical rotations are mandatory for all students. In addition, the course transitioned from 4 iterations per year to

10. Because of the new critical care requirement, the ACASP requirement has also changed to include a critical care component prior to the awarding of the 91WM6 ASI. See below for more information on ACASP.

ACASP. The Army Civilian Acquired Skills Program is designed to award the 91WM6 MOS to persons with equivalent civilian training. The general requirements are: completion of an accredited Licensed Practical Nurse/Vocational Nursing Program, hold a valid LPN/LVN license, hold current Emergency Medical Technician-Basic certification and/or complete equivalent training through the Army Medical Department Center and School to meet 91W Military Occupational Specialty (Health Care Specialist) requirements, and completion of 120 hours critical care requirement.

New Competency Resource launched for the AMEDD

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center's custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency> have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at Kimberly.Armstrong@amedd.army.mil for any questions.

Updates from the Defense Medical Readiness Training Institute (DMRTI)

Joint Operations Medical Managers Course, 27 February - 4 March 2005

The Defense Medical Readiness Training Institute is hosting the *Joint Operations Medical Managers Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Ramirez at (210) 221-9218; DSN 471. For registration, contact Mr. Moed at (210) 221-9143. For other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

Military Medical Humanitarian Assistance Course, 5 - 6 March 2005

The Defense Medical Readiness Training Institute is hosting the *Military Medical Humanitarian Assistance Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Griffin at (210) 221-0552; DSN 471. For registration and other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

For more information please contact HM1 D. Cooks, Public Affairs Representative at the Defense Medical Readiness Training Institute, Fort Sam Houston, TX 78234-5091, (210) 221-9654.

HLSMEC course 13 - 17 June 2005

The Defense Medical Readiness Training Institute is hosting the Homeland Security Medical Executive Course, at the OMNI Hotel at South Park, Austin, TX. (512) 383-2602. For course information, contact TSgt Stuart at (210) 221-2434; DSN 471. For registration and other course information, visit DMRTI's website at www.DMRTI.army.mil <<http://www.DMRTI.army.mil>>.

News from the Field by LT Laura Ann Geforos

Why did I join the Army...What did I expect...What have I learned...Will I stay?

What it means to be a United States Army Nurse.

I was asked today "What is it like being a woman in the military?" I cannot speak for all the women in the military, but I can tell you why I am here and why, what I am doing makes me proud.

I came into the Army after four years of experience in Civilian Emergency Department nursing. All I have ever known is the Emergency Department and I have worked every type of facility over the last four years. I joined the Army Nurse Corps to deliver good emergency care to soldiers, to challenge myself and make a tangible difference in the world.

Right after I went to the Officer Basic Course, at Ft. Sam Houston, TX, I moved with my husband to Würzburg, Germany and promptly deployed to Mosul, Iraq. The unit I joined is the 67th CSH. They have been deployed, here in Mosul, since January 2004 and we will be returning to Germany January of 2005. (They tell us that is only 36 days away)

Before joining, the Army Nurse Corps seemed like this magical place that was everything I had ever hoped medicine would be; I would be challenged to the brink of my knowledge, like the days when I first started nursing. I was horribly disappointed. I was expecting WWII movies with space age technology. What I found was medics that are trained as well if not better than nurses I worked with on the civilian side of medicine and I found myself struggling to find my place.

As a Civilian Emergency nurse my role was to assess, treat and order within protocols, maintain patient flow, perform all nursing skills, act as social worker, transporter, scribe, and all the while trying to maintain compassion and composure. I had become a master at time management, assessment, prediction, and motivation. As an Army Nurse I work with outstanding medics that perform all the skills I have been trained to do, minus giving meds. I would find myself standing there wondering "Well, what the heck am I supposed to do." I now know the answer to that question and my job is so much greater now than it was as a Civilian nurse.

As an Army Nurse I am in charge of the patient care. I am not only responsible for my assessments, plans of care, treatments, and reassessments but also for overseeing the care provided by the medics. I must make sure that the medics are taking care of all their patient care tasks, that their assessments are complete and accurate, and continuously train them to a higher and higher level. Many of these medics will leave this experience and some day be "doc". Meaning, they will go out with units as the only medic and assess, evaluate, and treat the patient appropriately until they can evacuate them to a higher level of care. (They are all called doc by the soldiers, because essentially they are the only doc available.) The more I teach them, the better skills they develop, the more lives they can save and situations they are prepared for.

I knew I loved teaching before I came in the Army. I had worked at the University of WI in the Emergency Medical Systems program, teaching CPR, ACLS, PALS, Paramedics, and PA's. I had found a passion, but in the Army I have found a life's work. Every day on the job here I can make the world a better place. Not only am I treating soldiers that are risking their lives to make me and my family safe but I am training the medics to save future soldiers lives. My father and Mother have always taught me to do good and do for others because you never know how much of an impact every action you make will have on someone else's life.

Each day out here, whether we are treating a soldier that has athletes foot, a gun shot wound, or a MASCAL (multiple trauma patients all arriving at one time) the couple seconds I take to explain what I am doing may save someone else's life years from now. I have never felt as rewarded in any other job than I feel as an Army Nurse.

What have I learned...there is so much it is difficult to know where to start but I will try and share a few of the lessons.

- 1) The little things make all the difference. Holding a scared persons hand is more healing than all the medicine in the world or a muffin and glass of water can be a miracle drug.
- 2) Patience is a virtue. Taking that extra minute, no matter what is going on, can cure a friend or foe and change someone's life forever.
- 3) Don't walk around in your socks. Iraq is a dirty place and you will get your socks dirty ☺
- 4) Drink lots of water.
- 5) Sleep isn't all it's cracked up to be but it is really nice sometimes. Sometime the best experiences are when you should be sleeping. A MASCAL while you are sleeping, a spectacular moonlit walk on the way to the bathroom, and jokes in a bunker add the spice of life. Then again sleeping late and skipping the gym isn't all bad either.
- 6) You can find friends in the most amazing places, even shoveling sandbags in 120 degree heat.
- 7) Be thankful for everything you have including clean clothes, water, and lunch. You really miss them when they are gone.
- 8) It is better to Laugh than Cry. Do not complain. No one cares and then they will not want to be around you. Look for the silver lining and you will always have more fun.
- 9) Learn something every day even if you have to look up useless facts on the internet. It gives you something to talk about and you can honestly say you never wasted a day of your life.
- 10) Never burn the bridge you are standing on. Treat everyone with the respect that they deserve. (aka the golden rule...do as to others as you would have them do to you.) That COL yelling at you may be writing your OER or give you your recommendation, or that Private may be the one to hook you up with a rain jacket when you do not have one.

These lessons are not in any order and are not really a top ten but they are ten important lessons I have learned while deployed.

What does all this have to do with being a woman in the military? What it means to me is I have learned more about life, commitment, dedication, fulfillment in the last nine months as an Army Nurse than I have learned in the last 28 years. Not only have I learned new lessons but I have had to pull down inside myself, using every lesson and piece of knowledge I possess to get through each day. Everything from the lessons my Dad taught me about Integrity and Survival, to Mom teaching compassion, creativity, and spontaneity, to school teaching leadership and nursing skills. Being an Army Nurse isn't just a job it is a life requiring every gift I have ever been blessed with to meet each challenge.

So, has the Army met my expectations absolutely not but it created a whole new paradigm for my life and made my expectations of life higher. The best quote I know and the motto of my life is "Set your expectations high then exceed them". I feel like I do that every day as a United States Army Nurse.

ROTC Nursing Update by COL Libby Bryant, Cadet Command Chief Nurse

Army ROTC has great opportunities for students interested in a career in nursing. The ROTC program instructs students not only on technical things such as military movement and tactics, but also about morals and leadership. Army ROTC nursing students combine college electives in Military Science and an invaluable nurse summer training program with their regular nursing curriculum to develop vital professional and leadership skills while learning more about themselves and what they can accomplish.

ROTC has a variety of scholarship options as well as a non-scholarship program. Army ROTC offers 2, 3, and 4-year nursing scholarships to qualified and eligible individuals worth up to \$80,000. With the scholarship students receive a tax free monthly living allowance ranging from \$250 the first year to \$400 the fourth and a \$900/year book allowance. The 2-year and 3-year scholarship programs are available to students currently enrolled in accredited BSN programs affiliated with ROTC and 4-year scholarships are offered to high school students who plan to attend an accredited BSN program.

The two-year program, which is designed for rising juniors, has the same classes as the four-year program, but is taught at a quicker pace. It begins with a Leaders Training Course that lasts for five weeks at Fort Knox and runs throughout the summer months before junior year and is equivalent to the courses taken in the first two years of the four-year program.

To qualify for a four-year Army ROTC scholarship, high school students must have a grade-point average of at least 2.5 and meet physical standards. Upon receiving a scholarship, students must maintain a 2.5 GPA and sign a contract that obligates them to an eight-year term in the military after graduation. Joining the active military for four years and serving in the Army National Guard (ARNG), United States Army Reserve (USAR), or the Inactive Ready Reserve for another four years may satisfy the eight-year term.

All ROTC students must graduate and pass a summer field training event called the Leader Development and Assessment Course (LDAC) also called Warrior Forge to be able to be commissioned after graduation. Warrior Forge is held annually at Fort Lewis, WA. LTC Nancy Soltez is the Western Region ROTC Chief Nurse and as an additional duty oversees the medical cell at LDAC. She provides an overview of the Warrior Forge experience in the article below.

If you know of students interested in the many opportunities the ANC has to offer please have them contact either the Professor of Military Science at their school, call 1-800-USA-ROTC or log on to www.armyrotc.com I would also be happy to address any questions or concerns regarding Army nursing and ROTC.

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ROTC "Warrior Forge" by LTC Soltez, Western Region Chief Nurse

"We owe it to the mothers and fathers of our nation to give their sons and daughters in the armed forces the best leaders we can possibly provide. To do that, we must first identify and recruit only the best people we can find and then we must turn them into warrior leaders. By setting high standards and enforcing them, we will succeed in the process of soldierization that turns a college student into an Army officer."



Under the watchful eyes of a contingent of Nurse Educators from around the country, a group of Army ROTC cadets sprints to the first challenge of the Confidence Course.

These are the words of Col. Steven R. Corbett, commander of Western Region, Cadet Command at Fort Lewis, Wa., but also the commander of Operation Warrior Forge, a summer-long exercise that puts upwards of 5,000 ROTC cadets through the most difficult portion of their Military Science curriculum. As with all ROTC cadets, those enrolled in the Nursing Program must go through the same training at Warrior Forge to ensure they have all the requisite skills and insights to lead soldiers in war, no matter what their occupational specialty. And, as Corbett explains, the course goes well beyond clinical studies. "Based on lessons learned in the field in recent years," he said, "we determined that more rigor was needed in the course of training." Each year the types of training are modified to better reflect needs

encountered in the real world. The most recent Warrior Forge included additional marksmanship training and the Water Safety class was upgraded to Combat Water Survival. "We increased the number of events required for graduation, as well," Corbett said, "and we reduced the scope and number of waivers to ensure a high standard is maintained."

The last two years also saw the return of an event called the "Slide for Life" which builds individual confidence at heights



and in the water. Added for 2004 was the “Log Walk – Rope Drop” designed to bring yet more challenges to each cadet.

“We found that the down-time between Squad STX and Patrolling STX gave the cadets too much opportunity to rest,” he continued, “which wasn’t helping them learn to cope with long-term adversity.” To remedy that and add another degree of difficulty to Warrior Forge, cadets now bivouac in the field overnight between the events, making a total of eight days, to ensure added stress. “This additional time in the field still falls far short of the weeks and months they will face in even harsher environments once they are commissioned and deploy to a hot spot somewhere in the world,” said Corbett, “but we have limited time at Warrior Forge.” For 2005, even more revisions have been introduced into Warrior Forge to further enhance training for real-world missions.

Nurse Educators from colleges around the country observe the training their ROTC cadets undergo at Operation Warrior Forge. Here, they observe cadets making their way through the Individual Tactical Training segment.

Notably, the Automatic Weapons block of time has been expanded to include the event of Military Operations in Urban Terrain (MOUT) on top of familiarization with crew-served machineguns. Basic Rifle Marksmanship is also further enhanced with revisions and improvements.

“When we recruit into the ROTC program,” said Corbett, “we look for the Scholar- Athlete-Leader who stands a greater chance of success within our high standards. And when the Soldierization process is completed, Army ROTC commissions new officers that will lead the nation’s Army as full-fledged Warrior Leaders. It also means that another generation of Army Nurses will join the force ready to meet any challenge in any theater of operations, regardless of the adversity or rigors they may face while accomplishing their missions.

USAREC News from COL Ann Richardson, Chief ANC Branch, USAREC

It was an honor to represent the Army Nurse Corps at the National Student Nurses Association’s (NSNA) mid-year conference held in Daytona Beach, Florida in November. This annual event was attended by nearly 1200 nursing students and faculty members from across the nation.

Two ANC healthcare recruiters from the 2nd AMEDD Recruiting Detachment joined me: MAJ Carmen Stella and CPT Tamala Mullins. Our logistical support was provided by SFC Roy Allen from the U.S. Army Accessions Support Brigade. We made numerous contacts with young and energetic nursing students who expressed a genuine interest in learning more about the Army Nurse Corps. It was a great experience to be part of such a positive learning environment.



Back Row- Seraphim Holland, Liana Banales and Lori Wastlick; Front Row- CPT Mullins, Jennifer Desmond, COL Richardson, Stacie Murphy, Lori Neely and MAJ Stella.

I was impressed with the NSNA’s recruitment campaign- “The Sky’s the Limit”. The sky is the limit for our future nursing leaders and the energy, excitement and eagerness to learn was evident, as we made contact with hundreds of nursing students and faculty members from across the nation.

Many of the chapter fund raising activities were also impressive. One in particular stood out. A group of ADN nursing students from Collin County Community College in McKinney, Texas was selling T-shirts. The logo on the T-shirt said it all- “Nurses Supporting Nurses in Iraq”. Needless to say, MAJ Stella, CPT Mullins and I bought several of them. A portion of their funds will go to

International Support Services, specifically for medical supplies for nurses stationed in Iraq. It is comforting to know that so many people in the civilian sector are supporting our comrades in harm’s way.

If you are interested in ordering a T-shirt, please contact Stacie Murphy at (469) 569-3270 or email at StacieMoMurphy@yahoo.com

Increase in Active Duty Incentives for FY05:

FY05 brings great news for active duty incentives! The nurse accession bonus is now \$15,000, which incurs a 4-year active duty service obligation (ADSO). The Health Professions Loan Repayment Program (HPLRP) has gone up to \$29,323 for one year of educational loan repayment. The ADSO for this incentive is 3 years. For individuals who opt for both the accession bonus and loan repayment, the accession bonus is 8 years. Loan repayment is the same for this option which incurs a 6-year ADSO.

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Nursing Research by COL Deborah Kenney**Personal and Professional Issues Associated with Operation Iraqi Freedom/Operation Enduring Freedom of Nurses in Military Hospitals**

Deborah J. Kenny, PhD, LTC, AN, Walter Reed Army Medical Center

Mary S. Moore, MSN, MAJ, AN, General Leonard Wood Army Community Hospital

Veronica Thurmond, PhD, LTC, AN, Walter Reed Army Medical Center

Since March 2003, many of our nurses have deployed to Iraq and Afghanistan in Support of Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF). At Walter Reed Army Medical Center, organizational and occupational stress was quite evident during the initial deployment of the OIF nurses from the facility. In a period of 60 days, two advanced practice mental health nurses had slightly over 1,000 contacts with non-deployed individuals experiencing some form of a stress response as a direct result of the deployment. Approximately half of these contacts involved family members of the deployed and the other half involved the "stay behind" work force.

Their stress surrounded; (a) the deployment of colleagues and, in some cases, family members, (b) changing missions related to the care of wounded soldiers returning to the medical center, and (c) extra work created by the deployments and few backfill replacements. Much has been written about the stressors deployed nurses must endure and manage, however we found no literature examining the stressors that "stay behind personnel" must deal with. Because of this and the need for both reactive and preventative interventions, we determined this phenomenon needed further investigation.

We designed a pilot, phenomenological examination of the "lived experience" of nurses as they carried out their different roles during the OIF/OEF war scenarios, seeking to capture their "essence" or meaning. We were interested in and included 4 groups of nurses for our study: 1) Nurses who deployed in support of OIF/OEF, 2) Nurses who did not deploy, but provided care to OIF/OEF injured soldiers, 3) Nurses who did not deploy and did not provide care to injured soldiers, and 4) Reserve nurses who backfilled fixed facilities. We wanted to be able to compare the experiences of the non-deployed nurses with those who deployed.

Since we believed we needed to quickly implement this study, we decided to try an electronic approach. An Intranet website was set up within the North Atlantic Region where nurses from three military treatment facilities (MTFs) could log on anonymously and write long answers to a series of questions. The questions focused on feelings that nurses experienced during the wartime period and what affect their experiences may have had on their personal and

professional lives. Sixty-five nurses answered the survey questions, some with long and detailed explanations and others with short and to-the-point answers. We are using the NVivo qualitative analysis software program to organize the data for analysis.

Preliminarily, our findings indicate nurses (both military and civilian) having a “stay behind” war mission to care for returning injured soldiers “mirrored” the deployed nurses in terms of their feelings and emotions, yet they experienced them in different and more long lasting ways. Whereas deployed nurses have short and intense exposures to patients with severe and devastating trauma, the “stay behind” nurses have prolonged and much more personal exposure, high levels of empathy with the injured and their families and anger toward the war itself [*‘I feel more emotional with the soldiers that return and tell stories about their experiences.’*]. To those caring for injured soldiers, the war is very real and they see no end to the continual stream of patients [*‘...tired due to working many long hours and no end in sight.’* And *‘When I leave work everyday and the gates close behind me, I see that the world keeps on turning as if nothing is going on. When you return the next day and see mangled human being it breaks your heart because it is a reminder that the war has not ended. Almost as if the war is being contained within Walter Reed walls.’*]. In addition, these nurses expressed anxiety about their deployed colleagues/family members. However, they also expressed great pride in caring for the soldiers and described them as “motivated” and “resilient” [*‘I feel like I am doing the most important work in nursing today. Not just in the military but overall in nursing. This is where the action is and this is where the country most needs me now.’*].

Based on our preliminary results, we have concluded that nurses who have been able to derive positive feelings from this experience have also developed more positive coping mechanisms. However, we also believe both preventative and ongoing interventions are needed for the non-deployed nurses as much, if not more, as those who have deployed. We have also shown that rich qualitative data can be gained through the use of the Internet. We plan to expand this small pilot study to a larger audience at more MTFs from all services.

This study was funded by the Deployment Health Clinical Center, Walter Reed Army Medical Center, Washington, DC.

Civilian Personnel Updates by Josie Poirier, Human Resource Specialist

Memorandum from Major General Pollock for Civilian Registered Nurses - Army Civilian Training, Education, and Development System (ACTEDS) Plans

In October 2004, MG Gale S. Pollock sent a memorandum to all Civilian Registered Nurse (GS-0610) Personnel emphasizing the importance of civilian Registered Nurses and their contribution to the healthcare team. In addition, the memorandum provided information to nurses and their supervisors on the availability of GS-0610 ACTEDS Plans. An ACTEDS Plan is a roadmap for career progression from entry-level to senior executive positions. Following an ACTEDS Plan makes an employee highly competitive for career advancement.

A basic Registered Nurse ACTEDS Plan has been developed as well as an addendum encompassing the following specialties: Occupational Health Nurse; Pediatric Nurse; Community Health Nurse, Psychiatric Nurse; Operating Room Nurse; Nurse Practitioner; Emergency Room Nurse; Certified Nurse-Midwife; Hematology/Oncology Nurse; Dialysis Nurse; Infection Control Nurse; Nurse Educator; Nurse Case Manager; and Certified Registered Nurse Anesthetist. Additional addenda for Med/Surg Nurse, Nurse Consultant, Research Nurse, Critical Care Nurse, and OB/GYN and L&D Nurse are in development.

The plans can be viewed on the World Wide Web at the AMEDD Personnel Proponent Directorate’s website: <http://appd.amedd.army.mil/acteds.htm> or on the Headquarters, Department of Army website at: http://www.cpol.army.mil/library/train/acteds/CF_53/.

Colonel Karen A. Seipp, Chief Nurse Executive, U.S. Army Medical Command, Fort Sam Houston, Texas (Karen.Seipp@amedd.army.mil), is the appointed Functional Chief Representative (FCR) and has operational responsibility for the administration of all RN ACTEDS plans.

The staff in the Civilian Personnel Proponent Division at AMEDD Personnel Proponent Directorate is available to answer questions about ACTEDS Plans. Questions may be directed to Mr. Craig Barber, Senior HR Specialist, (Craig.Barber@cen.amedd.army.mil) or Mrs. Josie Poirier, HR Specialist (Josie.Poirier@cen.amedd.army.mil).

Sustaining Base Leadership Management (SBLM) Program

The deadline to apply for the **May 16 through August 5, 2005** (resident, 05-2) and **May 2, 2005 – April 26, 2006** (nonresident, NR-06) Army Management Staff College Sustaining Base Leadership Management programs is **February 9, 2005**. This course is identified in the Registered Nurse, GS-0610, Army Civilian Training, Education, and Development System (ACTEDS) Plan. In 2003, Ms. Jane Pool, OTSG Infection Control Consultant, DeWitt Army Community Hospital, Fort Belvoir, VA, became the first civilian Registered Nurse to graduate from SBLM. A second civilian RN is scheduled to attend the January 2005 SBLM program.

If you are a highly motivated GS-12 through 14 who is interested in career progression and a higher level of responsibility, consider applying for the SBLM program. GS-11s and 15s are welcome to apply by exception. Majors and lieutenant colonels, chief warrant officers, sergeants major or command sergeants major can apply through their branch managers.

The program, which is **centrally funded** for most Army civilians, is designed to prepare future leaders to manage the Army's sustaining base—that is, anything that gets soldiers and their supplies and equipment to the battlefield; sustains them while they are there; gets them home again after the conflict has ended; and ensures the self-sufficiency of their families while they are away. SBLM is a graduate-level professional development course in leadership, communication and problem-solving, national security, military doctrine, force integration, resource management, logistics, personnel, information and installation management. Emphasis is on strengthening the bond and cooperation between civilian and military leaders through shared knowledge of core values, missions and resources. To apply online or to find out more about SBLM, please visit the AMSC web site at: http://amscportal.belvoir.army.mil/portal/page?_pageid=33,42600&_dad=portal&_schema=PORTAL and take a moment to view a six-minute video at <http://ncrstreamingmedia.belvoir.army.mil/amsc/amsc.htm>.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Welcome back to all looking for the answers posed in last month's column, the answers will be provided shortly, but first a word about what we have been up to over the past several months.

The Joint Commission fellowship has provided us with a very good understanding of the survey process in the six months since the beginning of the fellowship. Each has had the opportunity last month to observe a different 5-day survey. Both were at large teaching hospitals located in different areas of the country. We saw the survey from the surveyor's perspective--- to say it was a good learning experience would be an understatement!

We would like to hear from you. What questions do you have about the Joint Commission accreditation process? Do you understand how the survey fits with your performance improvement program, or how it is related to the Periodic Performance Review? Do you know about the Priority Focus Process?

We are ready and willing to consult with you to help you and your staff better understand the new and, in our opinion, improved accreditation process.

Now the answers to last month's questions:

1. How often should you conduct a fire drill on your unit?
 - a. Fire drills must be conducted quarterly on all shifts (audible alarms do not need to be used between 2200 – 0600). At least 50% of the drills must be unannounced. All staff must participate in drills (not limited to nursing staff☺).

2. What must take place AFTER each fire drill?
 - a. An After Action Review (AAR). Be sure to identify weaknesses in the plan and incorporate changes in your unit fire/safety plan.
3. What is the difference between a smoke barrier and a fire barrier (and do you know where they are on your floor)?
 - a. A smoke barrier is used to compartmentalize an area of the healthcare facility to prevent the spread of smoke. This is usually achieved by having smoke rated doors (also known as 20 minute doors) that are held open by a magnetic device. The device releases the doors when the smoke/fire alarms are activated. Take a look at the side of your smoke doors, you should see a metal plate that indicates the rating of the door, and it should be at least 20 minutes.
 - b. A fire barrier is similar, and compartmentalizes a patient care area. The requirements are more stringent for a fire barrier. Wall construction must provide for specific “burn through” times, which differ based on where the fire wall is located in the building. Fire doors are also on magnetic closing devices; additionally, they must have a positive latching device and must latch when the door automatically closes. The latch is important since fire creates drafts (remember the movie *Backdraft*?) which can actually open an unlatched door and may allow the fire to spread. Fire doors have a rating of 30 minutes (remember-- check the plate on the door).
 - c. Knowing where your smoke and fire compartments are located is very important since they should dictate your horizontal fire evacuation routes.
4. Is it o.k. to store a couple of cases (10 gallons) of alcohol based, waterless hand sanitizer in your unit storage room?
 - a. Storage of 5 gallons or more must be stored in inflammable cabinets per NFPA 30 (NFPA = National Fire Protection Association, the organization responsible for the Life Safety Code).
 - b. No more than 10 gallons may be in use in a single smoke compartment
 - c. Current NFPA standards prohibit the installation of alcohol-based hand sanitizing gel dispenser in egress corridors. Additionally, they should not be installed above electrical outlets, light switches, heat or ignition sources.
 - d. Maximum hand rub dispenser size is 1.2 liters per room / 2 liters for suites of rooms.
 - e. If dispensers are placed in non-egress corridors, the corridor must be 6ft or wider; the dispensers must be at least 48 inches from each other.
 - f. Finally, check with your local fire marshal as local policy may impose additional restrictions.
5. You have locks on the bathrooms on your unit, is this permitted?
 - Generally, locks are permitted on most patient units; however, the locks must have a “passive over-ride” from the inside. This means the patient must be able to open the door in one step, usually by turning the door lever / doorknob. The lock cannot be the type that requires two steps to open, as do residential doors found in most homes. Residential locks usually require the user to first turn the lock to open the lock, and then to turn the knob to open the door.

Items of interest on the JCAHO website include:

- Field Review on proposed changes to the Medication Management standards for hospitals: **Read and comment on the proposed standards at this website:**
http://www.jcaho.org/accredited+organizations/hospitals/standards/field+reviews/04mm_std fr.htm
- Look for the upcoming field review: Organization Responsibilities for Individuals Under the Supervision of a Licensed Independent Practitioner
- Updated Periodic Performance Review Video Clip:
<http://www.jcaho.org/accredited+organizations/svnp/svnp+video+archive.htm#ppr>
- The Joint Commission’s Principles for Pay for Performance:
http://www.jcaho.org/news+room/news+release+archives/jcaho_112204_principles.htm

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Human Resources Command (HRC) Update

As we kick off the calendar year of 2005, we trust all of you had time to step back and take a deep breath and spend some time with family and friends over the holidays. Many of us here at AN Branch have spoken with our deployed colleagues over the holidays and they remain focused on the mission at hand, which is a reality to them each and every day. When ever we speak with our “heroes serving heroes,” we thank them for their service, sacrifice and pray for their safe return. We are also well aware of the tremendous work going on throughout the medevac pipeline from the field, through Landstuhl to many of our MTFs. We here at Branch recognize your hard work and our responsibility to ensure we distribute our resources to ensure optimal support of a nation and Army at war.

To that end, AN Branch is focusing on the closure of the Officer Distribution Process (ODP) which will be briefed to TSG within the next couple weeks. The final signature by LTG Kiley will seal the template for assignments beginning summer of 05. As there were last year, there are many unknowns for FY05 and beyond. How closely we can “hit the mark” on the 05 ODP remains to be seen but that is our target as we speak today. Modularity, transformation and expeditionary force needs all play a role in how many times we need to adjust assignments within this very dynamic optempo. The driver’s remains “mission first” as well as a nation and Army at war and to that end our assignment process will strive to meet the needs of the Army within the context of striving to integrate personal needs of officers.

The Army Nurse Corps Branch continues to be there for Commands, Deputy Commanders for Nursing, our Corps leadership and of course, our individual officers as we balance an entire spectrum of corporate needs with available resources. Our personnel management officers remain committed to adding a personal touch to all we do in terms of communication with our various officer populations. What we tell you may not always be what you want to hear, but issues and assignments will be discussed in a respectful and positive manner. Thanks to all of you for what you do for our Corps, our AMEDD and our Army at war. The entire staff of Army Nurse Corps Branch wishes you and yours a safe, productive and rewarding 2005. We continue to ask that you remember our deployed colleagues as they remain on the front line of the global war on terrorism and serve with absolute distinction and honor.

Roy A. Harris, COL, AN, C, AN Branch

Carpe Diem!

The AMEDD Enlisted Commissioning Program (AECPP)

Congratulations to the following soldiers selected for participation in the AMEDD Enlisted Commissioning Program (AECPP). (Please note that final clearance is determined by Human Resource Command Branch Mangers and Reclassification Section. For more information on final clearance, selected soldiers should contact their enlisted personnel manager.)

Enlisted Rank	Last Name	First Name	Active Duty MOS
SGT	Acevedo	Christina	91W2M6
PFC	Adams	Michael	42A10
SSG	Ahorrio	Kenneth	91Q30
SGT	Aitken	Jason	91W20
SPC	Allen (Gary)	Marilyn	92A10

SGT	Andujar	Keren	92A20
SSG	Atwell	Glenton	91W30
SGT	Barnes	Stephanie	98C20
SSG	Berry	Kenya	92A30
SSG	Bowers	Maxenia	91W3H
SFC	Braswell	Peter	91W4M6
SGT	Brown	Nichol	91W2H
SSG	Bruns	Tanisha	91K30
SSG	Camak	Valerie	91W3M6
SSG	Chambers	Annquarnette	91W30
SGT	Channel(Cowper)	Tonita	91W20
SSG	Chilton	Leslie	91W30
SGT	Christian	Charlotte	75H20
SSG	Cole	Stephanie	92G30
SPC	Cuyun	Erin	91G10
SSG	Davis	Jimmy	91W3PM6
SGT	Denson	Jerry	91W20
SGC	Derr	John	18D40
SFC	Dilmar	Troy	74D40
SPC	Dodd	Amanda	91Q10
SSG	Dortelus	Kim	91W30
SGT	Douglas	Sharon	91K20
SPC	Draughon	David	91K10
SSG	Ferguson	Amanda	91W30
SSG	Gibson	Stacie	15Q30
SPC	Givens	Kindra	91Q10
SSG	Godlock	Gwendolyn	91W30
SGT	Goins	Necho	91W20
SPC	Greer(Bird)	Stacey	91S10
SGT	Gregory	Jeremie	91W20
SSG	Henry	Claudine	97E30
SSG	Hernandez	Jose	91W30
SPC	Hessell	Lakeisha	91W10
SSG	Hudson	Renea	91S30
SSG	Hughes	Beth	91W3H
SSG	Ivey	Deborah	91K30
SSG	Kelly	Philippe	91V30
SSG	King	Arvin	91W30
SGT	Leary	Rhonda	92Y20
SGT	Logan	Carmen	91W2N9
SSG	Lux	Becky	98C30
SSG	Manley	Steven	91W30
SFC	McMurdo	Taylor	73C40
SSG	Miles	Danielle	42L30
SFC	Miller	Angelica	91W40
SFC	Mitchell	Yolanda	42A40
SFC	Moore	Beverly	91W40
SSG	Moore	Gary	91W30M6
SPC	Moore	Matthew	91W10
SFC	Oliver	Laurie	91WM6
SSG	Outlaw	Tracey	91W3X
SPC	Patton	Alison	91W10
SGT	Pemberton	Najuma	91W20
SSG	Perez	Alex	91W30
SSG	Porter	Stacy	74D30
SPC	Prudente	Ronaldo	91K10

SSG	Rainwater	Scott	91X30
SSG	Reese	Cindyettia	92F30
SPC	Reyes	Kandice	91K10
SFC	Reynarivera	Ricardo	91W40
SSG	Richardson	Anderson	91W30
SSG	Sabas	Mariam	15Y30
SPC	Slaise	Madinah	91W10
SGT	Smith	Troy	91V20
SGT	Sons	Kevin	91V20
SPC	Stone	Christopher	91P10
SGT	Straker	Angela	91D20
SGT	Suggs	Thaddeus	91E20
SGT	Sykes	Michael	91W20
SSG	Taylor	Dwight	91W30
SSG	Thornton	Daniel	91D30
SPC	Torrence	Ashley	91K10
SFC	Vanderhorst	Carol	63H30
SSG	Vargas	Rubirosa	42L30
SSG	Wilson	Steven	91W30
SSG	Wolfe (Wideman)	Andrea	91K30
SPC	Wytych-Burgess	Lathasha	91W10

The following soldiers were selected as alternates for participation in the AECP program. (Names are listed by order of merit.)

Enlisted Rank	Last Name	First Name	Active Duty MOS
SPC	Sinclair	Yessenia	92A10
SPC	Rodriguez-Colon	Mildred	91Q10
SPC	Howie	Paul	91X10
SSG	Webb	Anita	92A30
SPC	Barbour	Leroy	91W10
SPC	Selassie	Yohanniss	56M10
SGT	Whitney	Wanda	42L20
SPC	Agyapong	Benja min	88H10
SSG	Bedford	Marie	88M30
CPL	Vargas	Carlos	42A10
SPC	Crawford	Penny	91K10

(Reference for both lists is MILPER MESSAGE NUMBER : 04-262 RCHS-OP RESULTS OF 10 - 13 AUGUST 2004 SELECTION BOARD FOR THE RESERVE OF THE ARMY WITH CONCURRENT CALL TO ACTIVE DUTY ARMY MEDICAL DEPARTMENT (AMEDD) ENLISTED COMMISSIONING PROGRAM (AECP/ARMY NURSE CORPS Issued: [09/22/2004])

So what is this AECP, you ask? The AMEDD Enlisted Commissioning Program (AECP) is designed to provide eligible active duty soldiers the opportunity to complete a baccalaureate degree in nursing (BSN), become a registered nurse (RN), and be commissioned in the Army Nurse Corps (active component). Participants continue to receive their current pay and allowances during school while in the program for up to 24 consecutive months of enrollment. This program funds academic costs of up to \$3,000 per semester or \$2,250 per quarter. As you can see from the list above, this program is open to all enlisted soldiers who meet the eligibility criteria and not just medics or soldiers in holding medically related MOSs.

Where can I find more information on this program? One of your best resources is the World Wide Web. You can find out much of what you need or want to know at <http://www.usarec.army.mil/AECP/>. Once you're at the site, you can download the application guidelines. The timeline for applying to start school in 2005 has passed but you can follow the guidelines that are posted to start preparing a packet for 2006.

Is there someone I can talk to in person about this program? Your education office can assist you with much of the application process and should be one of your first stops after talking with your supervisor. The subject matter expert on the AECP is SFC Charles W. Bradshaw. He can be reached at DSN 536-0381 or (502) 626-0381 or via e-mail at charles.w.bradshaw@us.army.mil.

AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email Nicole.Mladic@mslpr.com. Please remember to have your photos approved by your Public Affairs Office before submitting.

2004 ANC-CHEP Guidelines

The new 2004 ANC-CHEP Guidelines are now posted on the Department of Health, Education and Training website at <http://www.cs.amedd.army.mil/dhet/>. When you get there click on "Army Nurse Corps" and scroll down to the [ANC-CHEP Guidelines](#) button. Click and you're there. As you scroll to each chapter in the table of contents you can click and it will take you to that chapter. All forms in Chap 5, 6 & 7 should open, but if they don't please call me so I can get the links reconnected. **I also ask that you not print these** and work from a hard copy because you will miss many things that expand and much information will be lost. In going through these, since I have arrived, I have seen areas that already need updating, and have received input and ideas from folks on things that I can fix. I plan to do this as I get a chance, so the Guidelines will be ever-changing in some ways (not overall content, but streamlining how they work on-line). This means that it is even more important to use them on-line, so you don't overlook something.

There are few significant changes that I will mention here:

- Disclosure/vested interest statements are required for all presenters
- Disclosure/vested interest statements are required on all marketing material and must be made at the beginning of each presentation
- Disclosure/vested interest statements can be made on the "official" form or can be one sentence added on the CV/Bio stating that the presenter has no vested interest in the topic being presented.
- No signatures are required on the application or the certificate
- All packets must have a marketing tool of some sort. It can be a flyer or a Tri-fold or a PowerPoint of some sort.
- Terminology has changed from "EDI" to "Provider Directed Activity" and "EDII" to "Learner Directed Activity".
- There is a new statement on the certificate and an example is included in Chap 5.
- There is a new application.

Please call or email with any questions that you may have.

COL Carol A. McNeill

Chief, Nursing Education Branch

Comm: (210) 295- 0274 **DSN:** 421-0274 **Fax:** (210) 221-2832 **email:** carol.mcneill@amedd.army.mil

SEXUAL ASSAULT RESPONSE TEAM TRAINING PROGRAM

(Open to Civilians and Military)

7 - 11 March 2005

Hyatt Regency Bethesda Hotel

Bethesda, Maryland

Course Directors

Susan L. Hanshaw, MFS, RN, LtCol, USAFR, NC

Cynthia T. Ferguson, LT, CNM, MSN, CMI-III, USN

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VIEW COURSE & REGISTER ONLINE: <http://www.afip.org/Departments/edu/upcoming.htm>

Information

For further information please contact
Course Coordinator: Ricky Giles
Department of Medical Education
Armed Forces Institute of Pathology
Washington, DC 20306-6000
Tel: (202) 782-2637

Toll-Free Tel: (800) 577-3749 (within the US)
Fax: (202) 782-5020
Toll-Free Fax: (800) 441-0094
E-mail: came@afip.osd.mil
DSN: 662-2637

The 18th Annual Pacific Nursing Research Conference

3-5 March, 2005

Wakiki Beach Marriott Resort, Hawaii USA

Theme: Research Across the Life Span

The Call for Abstracts is now available on the Henry Jackson Foundation website:

<http://hjff.org/events/index.html>

If you would like any additional information, please contact LTC Patricia A. Wilhelm @
<mailto:patricia.wilhelm@us.army.mil>

The Resource Center of TSNRP Invites Applications

The Resource Center offers intensive training seminars for military nurses interested in scientific research. Preference will be given to topics listed among the current funding priorities.

2005 Funding Priorities

- ✓ **Deployment Health:** Examination of the physiological and psychosocial factors affecting the readiness of soldiers and their families before, during, and after deployment.
- ✓ **Developing and Sustaining Competencies:** Identification of the expertise needed to work in multiple venues and an exploration of how best to enhance learning and the retention of the new skills in military nursing.
- ✓ **Recruitment and retention of the Work Force:** Exploration of the factors associated with recruitment and retention of appropriate personnel for the military health care system.
- ✓ **Clinical Resource Management:** Identification and testing of the most cost-effective and efficient ways to use professional and ancillary medical staff for patient care and for overall force specialty composition.
- ✓ **Military Clinical Practice and Outcomes Management:** Identification of patient care strategies that are both effective and supported by research.
- ✓ **Also High Priority: Operational War-Related Research:** An examination of the physiological and psychosocial factors affecting soldiers, sailors, airmen, and marines before, during, and after combat; and **Evidence-Based Practice (EBP) Initiatives.**

Eligibility

- ❖ All Active Duty, Reserve, & National Guard Nurse Corps Officers are eligible to apply.

Requirements

- ❖ Submit a "researchable question" (see application page for details).
- ❖ The TSNRP Research Council comprised of faculty and consultants selected for their expertise in the scientific and programmatic review process will review your application.
- ❖ After review by the Research Council, invitations will be sent by the Resource Center to selected candidates.

Suspense Date

- ❖ **18 January 2005.** Electronically submit your application and research question (including the 5 required items) to TSNRP no later than 5:30 PM EST. Send to mburcroff@usuhs.mil.

Notification

❖ **By 21 March 2005.** Candidates selected by the Research Council will be invited to attend a course best suited to each candidate's level.

Disclaimer

❖ Attendance at any of the above grant writing seminars does not guarantee funding of your research proposal.

SESSION ONE 23 – 27 May 2005. Candidates assigned to Session 1 will meet daily with mentors to discuss and implement best procedures for developing a research proposal intended for submission within the upcoming funding cycle.

SESSION TWO 15 – 17 August 2005. “Research Decision-Making.” A new refresher course for novice researchers with limited experience. Designed to increase research expertise through mentorship, classroom attendance, and matching with senior research mentors (Pod Leaders) in their regional area. This session provides an option for selected candidates to attend the next level seminars the following year.

SESSION THREE 18 – 19 August 2005. Candidates who successfully completed the work assigned in Session 1 will meet with faculty in small groups. There will be additional recommendations for November submission.

*Also known as “Grant Camp”

For Application and questions contact the TSNRP Resource Center - Attn: Maria Burcroff
4301 Jones Bridge Road, Bethesda, MD 20814
Phone (301) 295-7064 Fax (301) 295-7052
Submit all applications electronically to mburcroff@usuhs.mil no later than 18 January 2005
Website: www.usuhs.mil/tsnrp

Tri-Service SIG Military

Pre-Conference

6 APRIL 2005

Call for Abstracts

The co-chairs for the American Academy of Ambulatory Care Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for **6 APRIL 2005** at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego “Charting a Course for Ambulatory Care in the Military Health Care System”

Guidelines for Submission:

- Please submit an electronic lecture proposal and/or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you are submitting a presentation, poster, or both. The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.
- Attendees are responsible for conference registration fees as well as travel and lodging costs.
- Submission date: Abstracts must arrive on or before: **01 NOV 2004**.
- Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343.

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC Monica.Secula@AMEDD.army.mil	Corinne Naughton, Lt Col, USAF, NC Corinne.Naughton@mcchord.af.mil	CDR Harry Foster Smith, NC, USN HFSmith@nmcsd.med.navy.mil
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Office of the Chief, Army Nurse Corps	
Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360	Washington, DC Office LTC Christine Johnson, AN Staff Officer mailto:Christine.Johnson@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5 th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999
ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm	AN Website: http://armynursecorps.amedd.army.mil/